OIPE PART B - FEE(S) TRANSMITTAL						
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AUG 3 1 2006		or Fax	Commissioner for P.O. Bex 1458 Alexandrin, Virgi (571) 273-2885		450	
This form should be used for complete Page appropriate. All further correspondence address as indicated address; and/or (b) indicating a separate "FEE.	transmitting the ISSE	JE PEE	and PUBLICATION	PEE (if req notification sek 1, by (a)	pired). Blocks 1 of maintenance specifying a ne	through 4 should be fees will be mailed to w correspondence
26164 7590 Janie K-Fraser Ph D-LD Fish & Richardson P-C 225-Franklio Street Buston, MA 0210-2804	Come Legisty mass-sp with any conscious or see thank 1)		Note: A certificate of mailing can only be used for demostic nailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Pestal Service with sufficient postage for first class mail in an cavelope addressed to the Mail Sup ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.			
FISH & RICHARDSON P.C.					***********************	(Deposition's matter) (Significant)
P.O. Box 1022 Minneupolis, MN 55440-1022						(Day)
APPLICATION NO. FILING DATE	FIRST	AMEO IN	VENTOR	ATTORNE	Y DECREE NO.	CONFIRMATION NO.
69/936,859 11/15/2001	1	Herek Sha	₩	9637	SINEST	4449
Title of invention: automatically operable safety shield system for syringes						
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2. For printing on the patient from page, the (1) the came of a single for Correspondence widness (or Change of Correspondence widness (or Change of Correspondence widness for PTO/SB/122) was previously filled an of SJ15/2006. [1] Fee Address' indication for "Fee Address" indication form PTO/SB/47; Rev 03-02 or more record) attached. Use of a Customer Number it required. 2. For printing on the patient from page, the (1) the came of up to 3 registered patient atterneys or agents (0x, shortestively, (2) the name of a single for firm from the patient of the patient of up to 3 registered atterneys or agents of the names of up to 1 registered patient atterney or agents and the names of up to 1 registered atterney or agents and the names of up to 1 registered patient atterneys or agents. If no name is fixed, no name will be printed. 3. ASSIGNES NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print to type)						
PLEASE NOTE: Unless an assignme is identified below no easigned data will appear in the patent, inclusion of assignme data is only appropriate when an assignment has been previously substituted to the ONPTO or in being automitted under separate cover. Completion of this farm is NOT a substitute for filing an assignment. (B) RESIDENCE (CITY and STATE OR COLUMTRY)						
ArtraZeureza AR Sodertaije, Sweden						
Piezze the following lee(s) are enclosed: [X] have fee [Ye) have fee [Ye) Publication Fee (No small entity discount parmitted) [X] Payment of Fee(s): [X] have fee [Ye) Publication Fee (No small entity discount parmitted) [X] The Director is hereby subjectived to classify the required fee(s), or credit any overpayment, to Deposit Account Number 26:1050 (enclose on extra copy of this form).						
5. Change in Entity Status (time status indicated above) (i.e. Applicant claims SMALL CYTITY status, Sec 27		***********	***************************************	****************	***************************************	
The Director of the USPTO is required in apply the Issue NOTE: The issue five and Publication for if required) of thewn by the recents of the United States Petern and Trade		fany) or i	I is no kinger claiming Sh o re apply erry psoviously than the applicant, a myt	paid issue for storest aginst o	to the application in to the application in the assignation	destified store. other party in interest as
(Authorized Signature) / Celta H. Lobie/			(4)			***************************************
Typed or Printed Name Cells H. Leter: Registration No. 33.524 This collection of information is required by 37 CFR 1.311. The information is required by obtain or main a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 C.S.C. 122 and 37 CFR 1.34. This collection is estimated by take 12 minutes to complete, including gethering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any converses on the someties of this form stability suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commercie. P.O. Box 1450. Alexandria, Varginia 22313-1450. DO SOT SEND FIES OR COMPLETED PORMS TO THIS ADDRESS, SEND TO: Commissioner for Passinis, P.O. Box 1450. Alexandria, Varginia 22313-1450. Under the Paperwark Reduction Act of 1995, no persons are transited to respect to a collection of information indicate it displays a united OMB control number.						
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